PTO/SB/06 (07-06)

Approved for use through 1/31/2007. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/781,461			ing Date 17/2004	To be Mailed		
APPLICATION AS FILED – PART I (Column 1) (Column 2)								SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
Н	FOR	l N	NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	m	RATE (\$)	FEE (\$)		
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A		N/A		1	N/A	,,,		
	SEARCH FEE (37 CFR 1.16(k), (i),		N/A		N/A		N/A		1	N/A			
	EXAMINATION FE (37 CFR 1.16(a), (p),		N/A		N/A		N/A			N/A			
	TAL CLAIMS CFR 1.16(i))		minus 20 =				x \$ =		OR	x \$ =			
IND	EPENDENT CLAIM CFR 1.16(h))	S	minus 3 =		•		x \$ =		1	x s =			
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	ts of pap 50 (\$125 ional 50 s	rings exceed 100 tion size fee due ty) for each tion thereof. See to CFR 1.16(s).									
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(j))									1				
* If	* If the difference in column 1 is less than zero, enter "0" in column 2.								1	TOTAL			
									ER THAN ALL ENTITY				
AMENDMENT	02/11/2008	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)		
	Total (37 CFR 1 160))	• 37	Minus	~ 32	= 5	l	x \$ =		OR	X \$50=	250		
	Independent (37 CFR 1.16(h))	• 11	Minus	3	= 8	1	x \$ =		OR	X \$210=	1680		
	Application Size Fee (37 CFR 1.16(s))								П				
٨	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR				
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	1930		
(Column 1) (Column 2) (Column 3)													
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)		
	Total (37 CFR 1,18(i))		Minus		=		x \$ =		OR	x \$ =			
N	Independent (37 CFR 1,16(h))		Minus	***	=	1	x \$ =		OR	x \$ =			
ā	Application Size Fee (37 CFR 1.16(s))								1				
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					l			OR				
TC AI FI									OR	TOTAL ADD'L FEE			
"If the entry in column 1 is less than the entry in column 2, write "o'in column 3. Legal Instrument Examiner." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "2". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" IN THIS SPACE is less than 4, enter "4". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" IN THIS SPACE is less than 4, enter "4". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "4". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "2". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "2". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "2". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "2". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "2". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "2". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "2". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "2". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "2". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "2". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "2". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "2". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "2". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "2". "If the "Highest													

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is 16 life (and by the USPTO to process) an application. Confidentiality is governed by 35 US of .22 and 37 CFR 1.14. This collection is estimated to be 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this bruther, above the sent to the Chief information Officer. U.S. Patent and Trademark Office, U.S. Department of Commerce P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADVINESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.